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|--|--|---|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><div style="text-align: center;"> <b>FY 2005</b><br/> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> </div> |  | Docket Number (Optional)<br>PP001618.0003 (2300-1618) |  |
| Application Number: 09/728,423   |  | Filed: December 1, 2000                               |  |
| For <b>ELICITING HCV-SPECIFIC ANTIBODIES</b>   |  |   |  |
| Art Unit: 1648   |  | Examiner: M. Hill                                     |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <u>Fee</u> | <u>Small Entity Fee</u> |                |
|---|------------|-------------------------|----------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$120      | \$60                    | \$ _____       |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$450      | \$225                   | \$ _____       |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$1020     | \$510                   | \$ _____       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$1590     | \$795                   | \$ _____       |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160     | \$1080                  | \$ <u>2160</u> |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1648. I have enclosed a duplicate copy of this sheet.

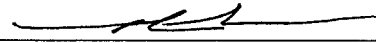
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 33,208

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
\_\_\_\_\_  
Signature

Roberta L. Robins  
Typed or printed name

4/2/07  
\_\_\_\_\_  
Date

(650) 493-3400  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.